Original - Court 1st copy - Payer 2nd copy - Payee 3rd copy - Friend of the Court

Approved, SCAO

**STATE OF MICHIGAN** JUDICIAL CIRCUIT

## **REFEREE FINDINGS AND REPORT AFTER HEARING ON BENCH WARRANT/SHOW**

CASE NO.

| COUNTY  |                                | CAUSE (SUPPORT) Page 1 of 2 pages |                |  |
|---|--------------------------------|-----------------------------------|----------------|--|
| Court address   | 1                              |                                   |                | Court telephone no.  |
| Plaintiff's name and address  |                                |                                   | 1. Da          | te of hearing:   |
|   |                                |                                   | Re             | feree:Bar no.  |
|   |                                |                                   | Na             | me of payer:   |
| <b>V</b> Defendant's nar  | me and address                 |                                   | Da             | te of support order:   |
|   |                                |                                   | FIND           | INGS:  |
| 3. Payer ☐ was ☐ personall  | □ was not served y. □ by mail. |                                   |                | <ul> <li>a. Payer was served with the support order.</li> <li>b. Plaintiff Defendant was served with an order requiring him/her to obtain or maintain health care coverage.</li> <li>der to show cause/adjournment notice</li> </ul> |
| 4. Payer ☐ did not ap   | ppear. 🗌 did appe              |                                   |                | was present.   |
| Attorney name Bar no.  5. Payee  did not appear.  did appear.  Attorney name Bar no.  Attorney name Bar no. |                                |                                   |                |  |
| ☐ 6. The payer was or   | dered to pay:                  |                                   |                |  |
| Type of Payment   | Current Amount                 | Frequency of Payment              | Overdue Amount |  |
| a. Child Support  |                                |                                   |                | The overdue amounts were computed  |
| b. Spousal Support  |                                |                                   |                | through  |
| c. Fixed Obligation   |                                |                                   |                | and are subject to an audit. The last  |
| d. Confinement/<br>Medical Expenses   |                                |                                   |                | payment was made on  |
| e. Service Fees   |                                |                                   |                | Date .   |
| f. Other  |                                |                                   |                |  |
|   |                                | Tota                              |                |  |
| ☐ 7. ☐ a. Payer is pre  | sently employed at _           |                                   |                |  |
|   | and earns                      | a net disposable                  | income of \$   | each   |
| ☐ b. Payer is not   | presently employed             | and receives                      | no benefits    | nefits in the amount of \$   |
| each  |                                |                                   | ed on page 2)  |  |